Well Child Visits (GT 5) in First 15 Months

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MEASURE DESCRIPTION:

#790-WELLCHILDVISITS(>5)INFIRST15MONTHS indicates the percentage of children, during their first 15 months of life, who had more than five well-child visits with a primary care practitioner.

PROPRIETARY STATUS: The measure specification methodology used by the IBM Corporation uses HEDIS 2020Well-ChildVisitsintheFirst 15 Months of Life (W15) - Uncertified, Adjusted, Unaudited HEDIS; NCQA (owner) 2020; NQF (#1392) Endorsed

DEVIATIONS from HEDIS Criteria:

None

ALLOWABLE ADJUSTMENTS:

None

MEASURE PACKAGE: Physician and Health Plan Focus

MINIMUM DATA REQUIREMENTS (months): 27

MEASURE DETAILS:

DENOMINATOR:

All patients aged 15 months during the measurement year.

EXCLUSIONS:

Patients in hospice during the measurement year.

[Note: These exclusion criteria are required. Therefore, they need to be applied to denominator results before the numerator is calculated.]

Hospice services during the measurement year	CPT/HCPCS Procedure Code = 99377, 99378, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 or Revenue Code UB = 0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659

NUMERATOR:

For each patient who meets the denominator criteria, those who had 6 or more well-child visits on different dates of service with a PCP during their first 15 Months of life. Each visit must be at least 14 days apart

Six or more well-child visits with a PCP during the first 15 months of life (include the day the child turns 15 months)	Any Diagnosis Code ICD10 = Z0000, Z0001, Z00110, Z00111, Z00121, Z00129, Z005, Z008, Z020, Z021, Z022, Z023, Z024, Z025, Z026, Z0271, Z0282, Z761, Z762 or CPT/HCPCS Procedure Code = 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461, G0438, G0439 and Provider Type Code Claim Medstat = 200, 202, 204, 240, 206, 240, 245, 320, 400, 410, 825, 845 and Procedure Modifier Code <> 95, GT or Place of Service Code Medstat <> 2

CONTINUOUS ENROLLMENT:

Children continuously enrolled with medical coverage from 31 days to 15 Months of age, with no more than a 45-day gap in coverage. Patients must be enrolled when the patient turns 15 Months (anchor date).

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